MULTIDISCIPLINARY PROGRESS NOTES

STATE OF HAWAII DEPARTMENT OF PUBLIC SAFETY

NAME: Aholeilei, Star 8

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				DOB:	
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Case 1:03-cv-00171-HG-KSC Document 69-8

STATE C. A. WAII DEPARTMENT OF PUBLIC SAFETY

INFIRMARY PROGRESS NOTES

Filed 08/02/2006 Page 3 of 40

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TE OF HAWAII PARTMENT OF PUBLIC SAFETY

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MULTIDISCIPLINARY PROGRESS NOTES

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Filed 08/02/2006 Page 8 of 40

STATE OF HAWAII DEPARTMENT OF PUBLIC SAFETY

MULTIDISCIPLINARY PROGRESS NOTES

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Filed 08/02/2006 Page 9 of 40

STATE OF HAWAII DEPARTMENT OF PUBLIC SAFETY

MULTIDISCIPLINARY PROGRESS NOTES

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STATE OF HAWAII DEPARTMENT OF PUBLIC SAFETY SSN MULTIDISCIPLINARY PROGRESS NOTES DOB DATE TIME 1632 2 18 03 1010 18 CCC NIRAM DOC 0413 (06/92) 00496

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DATE	TIME	PLAN
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Filed 08/02/2006 Page 13 of 40

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

MULTIDISCIPLINARY PROGRESS NOTES

NAME: Mobile, Star
SSN:

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MULTIDISCIPLINARY PROC ASS NOTES

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STATE OF HAWAII DEPARTMENT OF PUBLIC SAFETY

MULTIDISCIPLINARY PROGRESS NOTES

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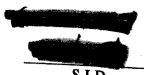
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# DIAGNOSTIC IMAGING CONSULTATION

Patient Name: AHOLELEI, STAR Sex: M DOB:

MFID: 61-99-09

Patient Loc: XRY

SISAR PADERES, M.D. 99-902 MOANALUA HWY MEDICAL UNIT AIEA

HI 96701

Exam: 1886425 Date: 17-Oct-2002Requested by: PADERES, SISAR, M.D. CT ABDOMEN W/O IV CON 23504031

Diagnosis:

heamturia, r/o kidney stone

History:

halawa inmate

Report dictated on 10/17/02.

CT SCAN OF THE ABDOMEN RENAL STONE PROTOCOL.

CLINICAL HISTORY: This is a 38-year-old male with hematuria. Please

TECHNIQUE: CT scan of the abdomen was performed per renal stone

FINDINGS: There is moderate left-sided hydroureteronephrosis. This is due to a large obstructing calculus in the mid ureter which measures 7-mm x at least 1.7-cm in length. There are numerous other calculi present in the dilated left renal collecting system. One in the mid pole measures 8 x 4-mm, two tiny 2-mm calculi noted in the posterior mid pole on image #40. Three other calculi are seen in the lower pole measuring 9 x 11, 10 x 16, and 5-mm in size.

There is a 4-mm mid pole calculus, a 1-mm lower pole calculus, and a 4-mm lower pole calculus on all the right.

No perinephric or periureteral stranding is seen. The liver, pancreas, spleen, gallbladder, adrenals, and lung bases are

### IMPRESSION:

- LEFT MID URETERAL LARGE OBSTRUCTING CALCULUS MEASURING 7 X 17-MM IN SIZE WITH MODERATE ASSOCIATED LEFT HYDROURETERONEPHROSIS. 2.
- BILATERAL RENAL CALCULI AS DESCRIBED ABOVE, LEFT GREATER THAN
- OTHERWISE UNREMARKABLE CT.

mady Homerap

Case 1:03-cv-00171-HG-&SQueePogument 69-8 Center Page 28 of 40 nolulu, Hawaii 96813

DIAGNOSTIC IMAGING CONSULTATION

Patient Name: AHOLELEI, STAR Sex: M DOB:

MFID: 61-99-09

Patient Loc: XRY

SISAR PADERES, M.D. 99-902 MOANALUA HWY MEDICAL UNIT AIEA

HI 96701

Exam: 1886425 Date: 17-Oct-2002Requested by: PADERES, SISAR, M.D.

Dictated by:

Jeffrey Yu, M.D.

Transcribed on: 17-Oct-2002 /08 PMby Phyllis Moriguchi

MEDICAL RECORD COPY

Case 1:03-cv-00171-HCeKSCen Document 69-8 Filed Filed 08/02/2006 Page 29 of 40 nolulu, Hawaii 96813

DIAGNOSTIC IMAGING CONSULTATION

Patient Name: AHOLELEI, VILIAMI S Sex: M DOB:

MFID: 12-76-00

Patient Loc: CAT

ROBERT YOUNG, M.D. ATTN: MEDICAL UNIT 99-902 MOANALUA ROAD

AIEA

HI 96701

Exam: 1951169 Date: 29-Jan-2003Requested by: YOUNG, ROBERT, M.D. CT ABDOMEN W/O IV CON 23504031

Diagnosis:

CHRONIC HEMATURIA W/POSSIBLE RENAL STONE

History:

PROC: SPIRAL CT SCAN STONE PROTOCOL

Report dictated on 1/29/03.

CT OF ABDOMEN AND PELVIS, 1/29/03:

TECHNIQUE: No intravenous contrast was administered. Renal stone protocol was performed.

FINDINGS: The visualized portions of the liver, spleen, large and small intestine, and pancreas are unremarkable on this noncontrast CT study. The visualized lung bases are unremarkable. The bony thorax and lumbar spine demonstrates no lytic or blastic lesions.

There is severe (left-sided hydronephrosis present. Multiple stones are present in the right ureter. The largest one is present in the midportion of the left wreter measuring 13.0  $\times$  9.0 mm. A second stone is noted at the level of the sacroiliac joints on the left side measuring approximately 2.0 mm in dimension. Two smaller stones measuring 6.0 mm and 3.0 mm are noted in the distal portion of the left ureter with the smallest stone present at the ureterovesical junction. The left ureter demonstrates inflammatory changes to the level of the sacroiliac joint. Below this level, no definite evidence of ureteral dilatation or obstruction.

Multiple left and right sided renal stones are present within the collecting system. In the inferior pole of the left kidney, there are multiple stones measuring up to 7.0 mm and 9.0 mm. In the upper pole of the left kidney, there is a stone which measures 6.0 mm in dimension with a second focus of calcification measuring 1.0 mm to 2.0 mm. On the right side, there are multiple stones in the lower pole of the kidney measuring 3.0 mm and 6.0 mm in dimension respectively.

No evidence of retroperitoneal adenopathy.

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Case 1:03-cv-00171-HG-KSC Document 69-8 Filed 08 Filed 08/02/2006 Page 30 of 40 nolulu, Hawaii 96813

DIAGNOSTIC IMAGING CONSULTATION

Patient Name: AHOLELEI, VILIAMI S Sex: M DOB:

MFID: 12-76-00

Patient Loc: CAT

ROBERT YOUNG, M.D. ATTN: MEDICAL UNIT 99-902 MOANALUA ROAD

AIEA

HI 96701

Exam: 1951169 Date: 29-Jan-2003Requested by: YOUNG, ROBERT, M.D. CT ABDOMEN W/O IV CON 23504031

### IMPRESSION:

MULTIPLE STONES WITHIN THE RIGHT URETER. THERE IS SIGNIFICANT HYDRONEPHROSIS CAUSED BY THE UPPER AND MID STONES EXTENDING TO THE LEVEL OF THE SACROILIAC JOINT.

MULTILPLE BILATERAL RENAL COLLECTING SYSTEM STONES AS DESCRIBED

Thank you very much for this referral.

Dictated by:

Jerel Saito, M.D.

Transcribed on: 29-Jan-2003 6:48 PMby Ancelina Lacar

MEDICAL RECORD COPY

Case 1:03-cv-00171-HG-KSC Document 69-8 Filed 08/02/2006 Page 31 of 40

Th Queen's Medical Center Honolulu, Hawaii 96813

### DIAGNOSTIC IMAGING CONSULTATION

Patient Name: AHOLELEI, VILIAMI S Sex: M DOB:

MFID: 12-76-00

Patient Loc: CAT

SISAR PADERES, M.D. Notes: 5 99-902 MOANALUA HWY MEDICAL UNIT AIEA

HI 96701

Exam: 2006981 Date: 30-Apr-2003Requested by: PADERES, SISAR, M.D. Diagnosis:

CHRONIC STONE F/U, S/P LITHOTRIPSY

Report dictated on 4/30/03.

EXAMINATION PERFORMED: CT of the abdomen without contrast (renal

CLINICAL HISTORY: Chronic renal calculi. Status post lithotripsy.

TECHNIQUE: A standard noncontrast renal stone protocol CT examination of the abdomen was performed from above the kidneys

FINDINGS: Comparison is made to a similar renal stone protocol CT

There is mild to moderate left hydronephrosis which has significantly improved when compared to the prior CT scan. There is also persistent mild dilatation of the proximal to midleft ureter. There are two small left ureteral calculi. The first is located at approximately small left ureteral calculi. The first is located at approximately the L3 level measuring approximately 2.0 mm to 3.0 mm in diameter. There is a second left ureteral calculus at the S1 level in the left ureter measuring approximately 1.0 mm to 2.0 mm. Below this level, the left ureter is relatively decompressed. Multiple residual calculicates are seen in the left renal collecting system. There is a tiny, 2.0 mm calculus in the left upper pole. A 4.0 mm calculus is noted in the calculus in the left upper pole. A 4.0 mm calculus is noted in the left lower pole. There are subtle tiny densities in the left renal collecting system which could represent additional scattered tiny left

There are probably three renal calculi in the lower pole of the right kidney. The largest right renal calculus measures approximately 5.0 mm. There is no right hydronephrosis or right ureteral dilatation.

The Queen's Medical Center Honolulu, Hawaii 96813

# DIAGNOSTIC IMAGING CONSULTATION

Patient Name: AHOLELEI, VILIAMI S Sex: M DOB:

MFID: 12-76-00

Patient Loc: CAT

SISAR PADERES, M.D. 99-902 MOANALUA HWY MEDICAL UNIT AIEA

HI 96701

Exam: 2006981 Date: 30-Apr-2003Requested by: PADERES, SISAR, M.D.

THERE ARE TWO SMALL LEFT URETERAL CALCULI AS DESCRIBED ABOVE AT THE L3 AND S1 LEVELS. ON THE PREVIOUS SCAN, A 13.0 MM CALCULUS 2.

THERE IS MILD TO MODERATE LEFT HYDRONEPHROSIS WHICH IS IMPROVED WHEN COMPARED TO THE PRIOR CT SCAN DATED 1/29/03.

RESIDUAL RENAL CALCULI ARE PRESENT IN BOTH KIDNEYS AS DESCRIBED ABOVE. THERE IS NO RIGHT HYDRONEPHROSIS.

The above findings were discussed with Dr. Sisar Paderes and with Dr.

Thank you very much for this referral.

Dictated by:

Craig A. Hamasaki, M.D.

Transcribed on: 30-Apr-2003 2:47 PMby Ancelina Lacar

MEDICAL RECORD COPY

DAVID A KUCHENBECKER, M.D.

Halawa Correctional Facility Vocao:

Attn: Health Care Unit

DATE OF OPERATION:

11/07/2002

PREOPERATIVE DIAGNOSIS:

LEFT URETERAL CALCULUS. 1.

POSTOPERATIVE DIAGNOSIS: 1.

SAME.

SURGEON:

DAVID A KUCHENBECKER, M.D.

ANESTHESIOLOGIST:

Dr. M. Khaw

ANESTHESIA:

General

OPERATIVE PROCEDURE:

CYSTOURETEROSCOPY, LASER LITHOTRIPSY, RETROGRADE PYELOGRAM, PLACEMENT OF DOUBLE

### INDICATIONS FOR PROCEDURE:

The patient is a 38 - year old gentleman who presents with a several month history of intermittent left renal colic. IVP shows a large upper ureteral calculus with several bilateral renal calculi and moderate severe left hydronephrosis.

### OPERATIVE FINDINGS:

Shows a large upper ureteral calculus, kind of golden yellow, fragments easily. A 7 French 26 cm microvasive double J stent in good position at the conclusion of the procedure.

### DESCRIPTION OF OPERATION:

The patient was taken to the operating suite and placed on the table in the supine position. After the induction of general anesthesia, the patient was repositioned in a cystolithotomy position where he was prepped and draped sterilely. A 22 French Storz cystoscope was inserted under direct vision. The bladder entered without difficulty. Pancystoscopy was performed with 30 and 70 degree lens with the findings as described above. Retrograde pyelogram was performed with full strength contrast This documented the presence of the stone in the upper Contrast was able to be passed beyond the stone, documenting marked hydronephrosis of the kidney. passing the guide wire through the cystoscope proved unsuccessful.

### **Castle Medical Center**

640 Ulukahiki Street Kailua, Hawaii 96734 (808) 263-5500

**OPERATIVE REPORT*** 

PATIENT:

AHOLELEI, STAR V

MR #: ATT PHYS:

18-91-20

DATE:

DAVID A KUCHENBECKER, M.D.

ROOM:

11/07/2002

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Page 1 of 2 IntelliType Transcription

The ureteroscope was then advanced over the guide wire up to the level of the calculus and under direct vision the guide wire was passed along side the stone and coiled in the upper calix. uteroscope was removed and reinserted along side the guide wire up to the level of the calculus. The calculus was sequentially laser fragmented into tiny fragments utilizing the Holmium 365 fiber. After the stone was completely fragmented, the scope was easily advanced up into the renal pelvic area. The renal stones were not readily visible with the rigid scope. The scope was removed. Inspection of the ureter showed the ureter to be intact. The guide wire was then back fed onto the cystoscope, a 7 French 26 cm Polaris double J stent passed over the guide wire, positioned fluoroscopically and the guide wire removed. Coiling in the upper pole calix was noted as well as in the bladder. A tether was left for subsequently stent removal. fragments that were previously irrigated out of the ureter were retrieved and sent for stone analysis purposes. The patient perioperative complications. He was stable throughout intra or operative procedure and en route to the recovery room.

DK/ITMS/rld Job # 9180 D: 11/07/2002 0854 T: 11/07/2002 1647

P: 11/08/2002 1045

Charted:

DAVID A KUCHENBECKER, M.D.

## **Castle Medical Center**

640 Ulukahiki Street Kailua, Hawaii 96734 (808) 263-5500

**OPERATIVE REPORT*** 

PATIENT: MR #:

AHOLELEI, STAR V

ATT PHYS:

18-91-20

DATE:

DAVID A KUCHENBECKER, M.D.

ROOM:

11/07/2002

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Page 2 of 2 IntelliType Transcription

DAVID A KUCHENBECKER, M.D. CC:

DATE OF OPERATION:

02/06/2003

PREOPERATIVE DIAGNOSIS:

MULTIPLE LEFT URETERAL CALCULI.

POSTOPERATIVE DIAGNOSIS: SAME WITH MARKED HYDRONEPHROSIS.

SURGEON:

Dr. David Kuchenbecker

AMESTHESIOLOGIST:

Dr. Robert Chinn

AMESTHESIA:

General.

OPERATIVE PROCEDURE:

CYSTOURETEROSCOPY WITH LASER LITHOTRIPSY, RETROGRADE PYELOGRAMS WITH FLUOROSCOPIC IMAGING AND PLACEMENT OF DOUBLE J STENT.

#### INDICATIONS:

The patient is a 39-year-old gentleman with a long history of recurring renal and ureteral calculi, who presents with left flank pain and marked hydronephrosis and CT scan demonstrating multiple

### DESCRIPTION OF OPERATION:

The patient was taken to the Operating Suite where is placed on the table in the supine position after induction of general anesthesia, the patient was repositioned in the cystolithotomy position where he prepped and draped sterilely. A 22-French Storz cystoscope was inserted under direct vision and the bladder emptied without The left ureteric orifice was identified and cannulated with a 35 mm guide wire which is able to be manipulated along side the stones and up into the proximal dilated ureter and renal pelvis. A 6-French rigid Wolfe ureteroscope was then passed along the guide wire up to the level of the first stone. Multiple stones were present, increasing in size as progressed up the urater. A total of four or five stones were present, each of which were laser fragment with the homeon laser into tiny fragments. After the final stone was fragmented, a pyelogram was performed through the ureteroscope showing no extravasation. Several filling defects were present in the kidneys, suspicious for residual uric acid type stones with removal of the scope. No significant size The guide wire was backfed on the cystoscope an a 26 cm 6-French double J stent was passed over the guide wire, positioned fluoroscopically and the guide wire removed.

### Castle Medical Center

640 Ulukahiki Street Kailua, Hawaii 96734 (808) 253-5500

**OPERATIVE REPORT*** 

PATIENT: MR #

AHOLELEI, STAR V

ATT PHYS:

18-91-20

DATE:

DAVID A KUCHENBECKER, M.D. 02/06/2003

ROOM:

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Page 1 of 2 IntelliType Transcription

The patient tolerated the procedure well. There were no intra or parioperative complications. He is returned to the recovery room

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T: 02/27/2003 1610

P: 02/28/2003 817

Charted:

DAVID A KUCHENBECKER, M.D.

Castle Medical Center

640 Ulukahiki Street Kailua, Hawaii 96734 (808) 263-5500

**OPERATIVE REPORT*** 

PATIENT:

AHOLELEI, STAR V

MR# ATT PHYS:

18-91-20

DATE:

DAVID A KUCHENBECKER, M.D. 02/06/2003

ROOM:

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